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25226 7590 06/02/2003

**MORRISON & FOERSTER LLP**  
**755 PAGE MILL RD**  
**PALO ALTO, CA 94304-1018**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Patricia Ellison</b>		(Depositor's name)
<i>Patricia Ellison</i>		(Signature)
July 24, 2003		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/898,726	07/03/2001	Russell A. Houser	509192000220	4439

**TITLE OF INVENTION: APPARATUS AND METHODS FOR TREATING TISSUE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
FARAH, AHMED M	3739	606-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Morrison & Foerster LLP**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Nidus Medical, LLC**

**Saratoga, California**

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.

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(Authorized Signature) **Johnney U. Han.** (Date)

Reg. No. 45,565 *Johnney U. Han.* 7/24/03

07/30/2003 SSITHIB2 00000013 031952 09898726

01 FC:2501	650.00 DA
02 FC:1504	300.00 DA
03 FC:8001	18.00 DA

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